	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								978 ant(s)	FILING DATE				
	AS	ILED	AFT	ER	Δ.	TER	LAIMS							
	IND.	DEP.	IST AME	NDMENT	2nd AM	TER ENDMENT			*		٥		T	
1			1110.	DEP.	IND.	DEP.	lΓ		IND.	DED	 		Ľ.,	
2		1			 			51	 	DEP.	IND.	DEP.	IND	DEP
3		3						52	 	 	 		L	
4		3		-}				53	 	 	 			
5		(i)		+-				54			 			
6		0		_				55						
7		0		_				56						
8		(1)					<u> </u>	57						
- 9		$\frac{\zeta}{1}$		_			<u> </u>	58						
10		(V)		1			<u> </u>	59						
11		\circ					_	60						
12		(a)		7-1			-	61						
13		9						62						
14		Ω	$ \Gamma$	\prod			-	63						
16		EE						64						
17		16		$\perp I$				65					+	
18		6		+				66					-+	
19		3		+	-I			67 68					-+	
20		8 +	 -	 	-			39			$-\!\!\perp$		-+	
21		-		`				70					_ +	
22]		1				T		
23	$ \Gamma$			 				2						
24								3	_				$- \bot$	
25 26		I		-			7	4						
27		\bot		-			7	5		_]
28				_			7	3		_]
29				1	+		7			_				
30							71				_			
31			_			_	78	_	$-\Box$		_	-		
32	_			\bot		_	80							
33	_	_					81					_		
34	_						83							
35	_ _	_					84							
36		_				\neg	85	+-				\Box		\neg
37		_					86	1				\bot		
38	\int	_]	87	+-						
39		1				_	88	1				4_		
40				+		_	89	1-					I	
11				+-			90	1						
3	+	1		+-	+		91	Γ	_					
4				+-	+		92							
1	+	4		1	+		93			+				
-		 		1-	+		94		\Box	1-		 -	 -	
,	+	+			 	-	95	<u> </u>		1	-		 	_
-	+	+		I	 	-	96				+	+		
-	+	+	-		_	-	97	ļ			+	 -		
-	 	 	+			-	98				1-	 -	+	
VL	1	 		_		7 }	99		+		_	 	+	- ∤ .
NE -		<u> </u>	ا ل	1	п	7 }	TOTAL					 	+	\dashv
	_	19	حا		الحب						ı	 	 	-
L //S 360 (3-78)	1	€ 30	×	 	Section 1		TOTAL DEP.		~ ⇒		الحجاب	 		
360 (3L70)			- 19	1		1	TOTAL		NDHENTS	al			-	- 1